

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/744484

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIM					

	INC.	DEP.	INC.	DEP.	INC.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIM
PTO-875

(3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS

USE PREVIOUS EDITIONS